

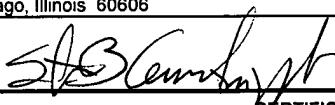
 <b>TRANSMITTAL</b> <b>FORM</b> <b>JAN 30 2006</b> <small>(for all correspondence after initial filing)</small>		Attorney Docket No.	1801/88
		Application Number	10/600,078
		Filing Date	June 20, 2003
		First Named Inventor	Richard Rollin
		Group Art Unit	3761
		Examiner	Catharine L. Anderson

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Amendment. (Response to Restriction/Election)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input checked="" type="checkbox"/> Post Card Receipt
<input checked="" type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Check for \$120 for 1-month extension
<input type="checkbox"/> Information Disclosure Statement, PTO- 1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Applicant claims small entity status.	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.	

**CALCULATION OF FEE**

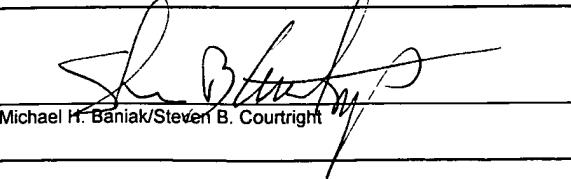
					Small Entity		Large Entity	
	Claims After Amendment	Minus	Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus	(20)	0	x \$25=	0	x \$50=	
Indep.		Minus	(3)	0	x \$100=	0	x \$200=	
First Presentation of Multiple Dep. Claim					+\$180=	—	+\$360=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Attorney for Applicants Steven B. Courtright, Reg. No. 40,966 Agent for Applicants  BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature			Date: January 26, 2006

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: January 26, 2006

Signature	 Michael H. Baniak/Steven B. Courtright	Date: January 26, 2006
-----------	---	------------------------